

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO <b>09/936041</b>	FILING DATE
APPLICANT(S)	

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**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1						
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TAL		1		1							
TAL P.	←	1	↓	1	↓	1	↓	1	↓	1	↓
TAL AM	←	1	↓	1	↓	1	↓	1	↓	1	↓